

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

APPLICANT(S)

FILED DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	/					
5	/					
6		0				
7	/					
8	/					
9		0				
10		0				
11		0				
12	/	0				
13		0				
14	/	/				
15	/					
16		/				
17		/				
18		/				
19		/				
20		6				
21		6				
22		6				
23	/	6				
24		/				
25		/				
26		0				
27		0				
28		0				
29		0				
30		0				
31		0				
32		0				
33		0				
34		0				
35		0				
36		0				
37	/					
38		/				
39		/				
40		0				
41		/				
42		0				
43		0				
44		0				
45		0				
46		0				
47	/					
48		0				
49		0				
50		0				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51		0				
52		0				
53		0				
54		0				
55		0				
56		0				
57		0				
58		0				
59	/					
60		/				
61		2				
62	/					
63		/				
64		/				
65		3				
66		2				
67		2				
68		2				
69		2				
70		2				
71	/					
72		0				
73		0				
74		2				
75		0				
76		0				
77		0				
78		0				
79		0				
80		0				
81		0				
82		0				
83		2				
84		0				
85	/					
86	/					
87		/				
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						